

State of Alabama
Unified Judicial System

Form C-10
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Rev. 2/95

**AFFIDAVIT OF SUBSTANTIAL
HARDSHIP AND ORDER**

Case Number

1:07CV00006-WKW

IN THE 2007 JAN -3 A 9:40 COURT OF _____, ALABAMA
(Circuit, District, or Municipal) (Name of County, or Municipality)

STYLE OF CASE: Angela Denise Nails Jennifer Kager
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____

- ☒ **CIVIL CASE--** I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- ☐ **CIVIL CASE--** (such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the court appoint one for me.
- ☐ **CRIMINAL CASE--** I am financially unable to hire an attorney and request that the court appoint one for me.
- ☐ **DELINQUENCY/NEED OF SUPERVISION--** I am financially unable to hire an attorney and request that the court appoint one for my child/me.

AFFIDAVIT

SECTION I.

1. IDENTIFICATION

Full name Angela Denise Nails Date of birth Jan 8, 1961
Spouse's full name (if married) _____
Complete home address 342 S. Saint Andrews St. #808
Dorhan, Alabama 36301
Number of people living in household one
Home telephone number 334 702 9645
Occupation/Job Disabled Length of employment Three Years Two months
Driver's license number _____ *Social Security Number 212 782867
Employer Not Working Employer's telephone number Not a telephone #
Employer's address Not Working the address employer is NA

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (If so, please check those which apply.)

☐ AFDC ☐ Food Stamps ☐ SSI ☒ Medicaid ☐ Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income
Spouse's Monthly Gross Income (unless a marital offense)
Other Earnings: Commissions, Bonuses, Interest Income, etc.
Contributions from Other People Living in Household
Unemployment/Workmen's Compensation,
Social Security, Retirements, etc.
Other Income (be specific) _____

\$ 854.00
No spouse
No other earnings
No other help
Disability
No other income
\$ 854.00

TOTAL MONTHLY GROSS INCOME

Monthly Expenses:

A. Living Expenses
Rent/Mortgage
Total Utilities: Gas, Electricity, Water, etc.
Food
Clothing
Health Care/Medical
Insurance
Car Payment(s)/Transportation Expenses
Loan Payment(s)

\$ 229.00
0
266.29
30.00
10.00
262.00
8

*OPTIONAL

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Monthly Expenses: (cont'd page 1) Gas For Vehicle \$200.00 Telephone Bill \$126.15.99
 Credit Card Payment(s) \$0
 Educational/Employment Expenses \$0
 Other Expenses (be specific) \$238.20

Sub-Total

A \$ 1,035.49

B. Child Support Payment(s)/Alimony

\$ 0

Sub-Total

B \$ 0

C. Exceptional Expenses

\$ 0

TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)

\$ 1,035.49

Total Gross Monthly Income Less total monthly expenses:

DISPOSABLE MONTHLY INCOME

\$ -181.49

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)

\$ 0

Equity in Real Estate (value of property less what you owe)

0

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe)

0

Other (be specific)

Do you own anything else of value? ☒ Yes ☐ No
(land, house, boat, TV, stereo, jewelry)

If so, describe TV, Furnishing

\$150.00 TV Furnishing

TOTAL LIQUID ASSETS

\$ 150.00

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this

29 day of Dec 2006
 Denise Gilland
 Judge/Clerk/Notary

Angela Denise Nails
 Affiant's Signature

Angela Denise Nails
 Print or Type Name

MY COMMISSION EXPIRES FEBRUARY 11, 2008

ORDER OF COURT

SECTION II.

IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS:

- ☐ Affiant is not indigent and request is DENIED.
☐ Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered to pay \$ _____ toward the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise ordered and disbursed as follows: _____
☐ Affiant is indigent and request is GRANTED.
☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____, is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.

Done this _____ day of _____.

Judge